

APPLICATION FOR ACCREDITED CLIENT STATUS UNDER SECTION 64E OF THE CUSTOMS AND EXCISE ACT, 1964

1. APPLICANT'S EXISTING CUSTOMS AND EXCISE CLIENT NUMBERS

<p>Please state current customs and excise client number(s) (registration or licence) in respect of the **customs activity or activities** to which this application relates, for which accredited client status is sought</p> <p>**customs activity** has the meaning ascribed to in in rule 64E.01</p>	
<p>Please also list all other registration and licence codes issued to the applicant, including codes in respect of activities relating to excise</p> <p>Please note that the facility codes for licensed storage warehouses and registered rebate stores must be indicated</p>	

2. APPLICANT PARTICULARS

Registered name of business (juristic entity) or name of natural person:					
Business address: Complex Street name and number:					
Unit Number					
Building name and floor number:					
Suburb/District:					
City/Town:			Street code:		
Postal address:					
Suburb/District:					
City/Town:			Postal code		
Country					
Business telephone (Including code):	Code: (____)	Tel. (____)	Fax number (incl code), if applicable:	Code: (____)	Fax. (____)
Cellular phone number:			Business e-mail address:		
Date of establishment of business:	(YYYY/MM/DD)				

3. PURPOSE OF APPLICATION

Accredited client status:	<input type="checkbox"/>	Renewal of accredited client status:	<input type="checkbox"/>	Cancellation of accredited client status:	<input type="checkbox"/>
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4. LEVEL OF ACCREDITED CLIENT STATUS APPLIED FOR (choose one):	
Level 1: Authorised Economic Operator (Compliance)	<input type="checkbox"/>
Level 2: Authorised Economic Operator (Security)	<input type="checkbox"/>

5. PARTICULARS OF CONTACT PERSON			
Title:		Initials and surname:	
First name/s:			
Telephone number (incl code):	Code: (____)	Tel. (_____)	
Fax number (incl code), if applicable:	Code: (____)	Fax. (_____)	
Cellular phone number:			
Email address:			
Postal Address:			
Suburb/District:			
City/Town:		Postal code:	

6. CONSENT BY THE APPLICANT FOR INFORMATION SHARING FOR PURPOSES OF MUTUAL RECOGNITION AND CO-ORDINATED INTERVENTIONS	
Does the applicant give permission for the sharing of information as contemplated in:	
Rule 64E.13(b)(ii) and rule 64E.13 (c) in respect of Level 1 accredited client status (AEO Compliance)	Yes <input type="checkbox"/> No <input type="checkbox"/> *
Rule 64E.14(a) (xi)(bb) and rule 64E.14(b)(ii) in respect of Level 2 accredited client status (AEO Security)	Yes <input type="checkbox"/> No <input type="checkbox"/> *
*Please note that withholding consent will disqualify the applicant from consideration for the benefit of mutual recognition and/or co-ordinated interventions with other government agencies	

7. DOCUMENTS IN SUPPORT OF APPLICATION

An application must be supported by the following documents to be submitted to the customs authority on request (see rule 64E.05(2)):

- (a) a Customs Accreditation Self-Evaluation Questionnaire
- (b) a Systems Questionnaire
- (c) a completed Accreditation Agreement referred to in rule 64E.16
- (d) a letter of authorisation in the case where the application is submitted on behalf of the applicant by an external representative (i.e. registered agent, clearing agent or other representative)
- (e) any other supporting documents that may be necessary for proving compliance with the criteria for the specific level of accreditation applied for, which may include proof of financial viability, as evidenced by a copy of the audited financial statements of the applicant for the financial year preceding the date of application, or other evidence of financial viability as may be allowed by the Commissioner

8. DECLARATION

I hereby declare that the particulars herein are true and correct

Initials and surname:		Status (e.g. Director):	
Signature:		Date:	Place:

Note: If the declaration is made by the authorised officer of a juristic entity as contemplated in the rules under section 59A or 60 of the Act it must be supported by a document authorising that person to act as authorised officer on behalf of that juristic entity

FOR OFFICIAL USE ONLY

Application number:		Date received:	
Client type:		File reference:	